



**HAWAII STATE ETHICS COMMISSION**  
1001 BISHOP STREET, PACIFIC TOWER 970  
P.O. BOX 616, HONOLULU, HAWAII 96809  
TEL: 587-0460 FAX: 587-0470  
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STATE OF HAWAII  
STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

### PART I LOBBYIST

NAME(Last)	(First)	(Middle)	TELEPHONE
RADCLIFFE	JOHN	H.	808-754-4026
MAILING ADDRESS (Street)			FAX
222 SOUTH VINEYARD STREET, SUITE 401			808-599-4340
(City)	(State)	(Zip Code)	
HONOLULU	HAWAII	96813-2453	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
RADCLIFFE & ASSOCIATES, LLC			808-754-4026
MAILING ADDRESS (Street)			FAX
222 SOUTH VINEYARD STREET, SUITE 401			808-599-4340
(City)	(State)	(Zip Code)	
HONOLULU	HAWAII	96813-2453	

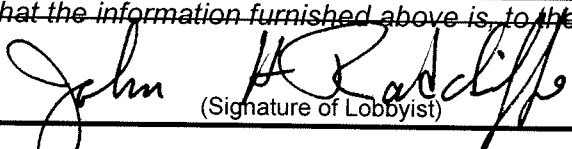
### PART II ORGANIZATION


NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE 808-593-2157
UNIVERSITY OF HAWAII PROFESSIONAL ASSEMBLY	
MAILING ADDRESS (Street)	FAX 808-593-2160
1017 PALM DRIVE	
(City)	(State)
HONOLULU	HI
(Zip Code)	96814
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE 808-593-2157
JN MUSTO	
MAILING ADDRESS (Street)	FAX 808-593-2160
1017 PALM DRIVE	

RECEIVED BY U.S. MAIL

(City)	(State)	(Zip Code)
HONOLULU	HI	96814

<b>PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY</b>			
<input type="checkbox"/> Agriculture	<input checked="" type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operations & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	

<b>PART IV CERTIFICATION OF LOBBYIST</b>	
<i>I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.</i>	
 (Signature of Lobbyist)	1-16-07 (Date)

<b>PART V AUTHORIZATION TO LOBBY</b>	
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
JN MUSTO	EXECUTIVE DIRECTOR
NAME OF ORGANIZATION (if applicable)	TELEPHONE 808-593-2157
UNIVERSITY OF HAWAII PROFESSIONAL ASSEMBLY	
MAILING ADDRESS (Street)	FAX 808-593-2160
1017 PALM DRIVE	
(City)	(State)
HONOLULU	HI
	(Zip Code)
	96814
<i>I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.</i>	
 (Signature of Authorizing Officer or Person Represented)	1-20-07 (Date)